

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121861

**FILED**  
**May 02, 2008**  
**Secretary of State**

**Entity Name:** HARBOR ISLES BY QUANTUM INC.

**Current Principal Place of Business:**

1560 S. DIXIE HWY SUITE 211  
CORAL GALBES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1560 S. DIXIE HWY SUITE 211  
CORAL GALBES, FL 33146

**New Mailing Address:**

FEI Number: 30-0144669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAGG, K. LAWRENCE  
200 S. BISCAYNE BLVD STE #4900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARBARA, OSCAR  
Address: 1560 S DIXIE HWY, SUITE 211  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD L EISENACHER

VP

05/02/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date